

Corporate: 47 Hudson Street, Ossining, NY 10562-5905  
Tel Phn: 914-762-9000 / Fax Phn: 914-762-6638

New Jersey Div: 6 Woodbridge Ave Woodbridge, NJ 07095  
Tel Phn: 732-636-4500 / Fax Phn: 732-636-6344

**TESTWELL  
LABORATORIES, INC.**

**Fax**

<b>Co:</b>	<b>US NRC Region 1</b>	<b>From:</b>	<b>Bruce Ballard</b>
<b>To:</b>	<b>Sheryl Villar</b>	<b>Phn:</b>	<b>732-636-4500</b>
<b>Fax:</b>	<b>610-337-5269</b>	<b>Pages:</b>	<b>3, including cover page</b>
<b>Phone:</b>		<b>Date:</b>	<b>10/7/02</b>
<b>Re:</b>	<b>Reciprocity Notification</b>	<b>cc:</b>	

☐ As Requested    ☐ For Review    ☒ For Your File    ☐ Please Reply    ☐ Please Recycle

• **Comments:**

After a records audit by Region 1, I was told to file these notifications.

The first is a revision to previously filed request that was granted on 09/16/02. It was for two days 09/18/02 & 09/19/02. The work scheduled for 09/19/02 was postponed and performed on Tuesday 09/24/02.

- Note – On the original notification the client name was misspelled.  
The correct name is Salerno & Sons, Inc.

The second notification is for an exposure conducted so that TLI could take physical readings of the dose rate of our proposed permanent radiographic installation.

I apologize for not filing the notification in a timely manner, I mistakenly thought it was not necessary.

Thank You,

Bruce Ballard

**REPORT OF PROPOSED ACTIVITIES IN  
NON-AGREEMENT STATES, AREAS OF EXCLUSIVE  
FEDERAL JURISDICTION, OR OFFSHORE WATERS***(Please read the instructions before completing this form)*

Estimated burden per response to comply with this mandatory collection request: 15 minutes. This notification is required so that NRC may schedule inspection of the activities to ensure that they are conducted in accordance with requirements for protection of the public health and safety. Send comments regarding burden estimate to the Records Management Branch (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)

Testwell Laboratories, Inc.

2. TYPE OF REPORT

☐ INITIAL ☒ REVISION ☐ CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)

47 Hudson Street Ossining, NY 10562

4. LICENSEE CONTACT AND TITLE

Bruce Ballard, RSO

5. TELEPHONE NUMBER  
(Include Area Code)

732-636-4500

6. FACSIMILE NUMBER  
(Include Area Code)

732-636-6344

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20

☐ WELL LOGGING ☐ LEAK TESTING AND/OR CALIBRATIONS ☐ TELETHERAPY/IF RADIATOR SERVICE☐ PORTABLE GAUGES ☒ OTHER (Specify) ⇒ Physical readings of permanent☐ RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) radiography installation

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE

NONE

Use for information purposes

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION  
(Street and Number or other location. Give as complete an address or directions as possible.)6 Woodbridge Ave  
Woodbridge, NJ 0709510. CLIENT TELEPHONE NUMBER  
(Include Area Code)

732-636-4500

11. WORK LOCATION TELEPHONE NUMBER  
(Include Area Code)

732-636-4500

12. DATES SCHEDULED

FROM

05/13/02

TO

05/13/02

13. NUMBER OF  
WORK DAYS

1

14. ADD

15. DELETE

16. LOCATION  
REFERENCE NUMBERNUMBER TO BE  
ASSIGNED BY NRC

LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.

17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED  
(Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)

Iridium-192 75 curies Sealed Source SPEC-150 device

18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT  
ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 9.  
ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)

LICENSE NUMBER

2930-4164

STATE

NY

EXPIRATION DATE

05/31/02

19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

- All information in this report is true and complete.
- I have read and understand the provision of the general license 10 CFR 150.20 reprinted on the instructions of this form; and I understand that I am required to comply with these provisions as to all byproduct, source, or special nuclear material which I possess and use in non-Agreement States or offshore waters under the general license for which this report is filed with the U.S. Nuclear Regulatory Commission.
- I understand that activities, including storage, conducted in non-Agreement States under general license 10 CFR 150.20 are limited to a total of 180 days in calendar year. With the exception of work conducted in off-shore waters, which is authorized for an unlimited period of time in the calendar year.
- I understand that I may be inspected by NRC at the above listed work site locations and at the Licensee home office address for activities performed in non-Agreement States or offshore waters.
- I understand that conduct of any activities not described above, including conduct of activities on dates or locations different from those described above or without NRC authorization, may subject me to enforcement action, including civil or criminal penalties.

CERTIFYING OFFICER - RSO or Management Representative (Name and Title)

Bruce Ballard, RSO

SIGNATURE

DATE

10/07/02

WARNING: False statements in this certificate may be subject to civil and/or criminal penalties. NRC regulations require that submissions to the NRC be complete and accurate in all material respects. 18 U.S.C. Section 1001 makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.

FOR NRC  
USE ONLY

REVIEWING OFFICIAL (Typed/Printed Name and Title)

SIGNATURE

DATE

TOTAL USAGE - DAYS TO DATE

**REPORT OF PROPOSED ACTIVITIES IN  
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47 Hudson Street Ossining, NY 10562

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(Include Area Code)

732-636-4500

6. FACSIMILE NUMBER  
(Include Area Code)

732-636-6344

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20

- ☐ WELL LOGGING ☐ LEAK TESTING AND/OR CALIBRATIONS ☐ THERAPY/IRRADIATOR SERVICE  
☐ PORTABLE GAUGES ☐ OTHER (Specify)  $\Rightarrow$  \_\_\_\_\_  
☒ RADIOGRAPHY  $\Rightarrow$  REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE

Salerno & Sons Inc.  
43 Ridgedale Ave  
Cedar Knolls, NJ 079279. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION  
(Street and Number or other location. Give as complete an address or directions as possible.)Cort Furniture  
320 Frank Sinatra Dr (3rd St)  
Hoboken, NJ 0702410. CLIENT TELEPHONE NUMBER  
(Include Area Code)

973-267-0967

11. WORK LOCATION TELEPHONE NUMBER  
(Include Area Code)

None

12. DATES SCHEDULED

FROM

09/24/02

TO

09/24/02

13. NUMBER OF  
WORK DAYS

1

14. ADD

15. DELETE

16. LOCATION  
REFERENCE NUMBERNUMBER TO BE  
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17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED  
(Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)

Cobalt-60 80 curies Sealed Source SPEC-300 Device

18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT  
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SIGNATURE



DATE

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FOR NRC  
USE ONLY

REVIEWING OFFICIAL (Typed/Printed Name and Title)

SIGNATURE

DATE

TOTAL USAGE - DAYS TO DATE